## INSTRUCTIONS FOR COMPLETING THE SECUREID TOKEN FORM

- 1) Complete Section I, fields 1 through 8. A separate form must be filled out for each applicant.
- 2) Mail the completed form(s) to:

Michigan State Police Criminal Justice Information Center 7150 Harris Drive Lansing, MI 48913

Attn: Agency Access Coordinator

## REMOTE ACCESS SERVICE REQUEST

Michigan Department of Information Technology

SECTION I – EMPLOYEE INFORMATION (CARD HOLDER)									
1. Last Name Fire	First Name Init 2. E				nail Address (required)				
3. Agency / Office / Division / Section / Unit									
4. Business Street Address	5. Business City				State Zip				
6. Business Phone No. ( )	Extension	7. Last 4 digits S	S#		8. Birth Da	ate (month	& day only-	-mmdd)	
9. State User Access State Employee						ndor Access r Company Name			
Contractor / Company Name									
SECTION II – SERVICE REQUESTED									
1. Access Requested SecurID Only Dial-in VPN If checked, VPN Group Both									
2. Firewall Access requested: Destination, TCP/IP Port  MSP EAI SERVER									
3. Change Access Type – Existing assigned token only Add: Dial-in/ROAM VPN  Remove: Dial-in/POAM VPN									
Remove: Dial-in/ROAM VPN  4. Reissue – No Division Approval required for reissue  Reissue									
5. Cancel Token (Check Lost Expired appropriate reason)					6. Token Serial #				
SECTION III – DIVISION APPROVAL									
1. Division Approver Name William Timmer					2. Telephone Number (517) 322-1658				
3. Division Approver Signature Date									
SECTION IV – DEPARTMENT SECURITY ADMINISTRATOR APPROVAL									
Security Administrator Name					2. Telephone Number				
William Timmer					(517) 322-1658				
3. Security Administrator Approval Signature Date									
SECTION V – BILLING INFORMATION									
1a.       1b.       1c.       1d.       1e         Ag Code       Index       PCA       COBJ       AOE         551       27100       27020       AOE		t # Prj Ph	1h Gran		1i. Grt Ph	1j. Ag 1	1k. Ag 2	1I. Ag 3	
When the above information has been completed, fax this form to (517) 241-8016.									
HELP DESK USE ONLY									
1. Ticket Number 2. Assigned by:					3. Date				
NOC SECURITY USE ONLY – NEW CARD									
4. Token Serial # 5. SecurID Administrator Signature (Required)					6. Start Date				
NOC SECURITY USE ONLY - CANCEL CARD Note: DIT will continue to charge Agency									
7. Token Received by Signature					8. End Date				

DIT-0051 6/03 1 DISTRIBUTION: FAX to 517 – 241-8016